

# Accident and Critical Illness Insurance Plans



	Flex Fuel	Career Pro	Independent Pro	Early Retiree	Senior Advantage	Critical Illness Focus
<b>Accident Insurance</b>	Benefit Amount (per calendar year unless otherwise noted)	Benefit Amount (per calendar year unless otherwise noted)	Benefit Amount (per calendar year unless otherwise noted)	Benefit Amount (per calendar year unless otherwise noted)	Benefit Amount (per calendar year unless otherwise noted)	Benefit Amount
Accident Medical Expense	\$2,000 - \$10,000 <i>plus an additional \$500 in year 2 and \$500 in year 3</i>	\$5,000 - \$20,000 <i>plus an additional \$500 in year 2 and \$500 in year 3</i>	\$7,500 - \$20,000 <i>plus an additional \$500 in year 2 and \$500 in year 3</i>	\$7,500 - \$20,000 <i>plus an additional \$500 in year 2 and \$500 in year 3</i>	\$3,000 - \$4,000	N/A
Benefit Excess Only (maximum calendar year benefit)  <i>Deductible per calendar year</i>	\$250	\$250	\$250	\$250	No deductible	
Accident Weekly Total Disability Income Benefit per accident (Insured Only)	\$500 - \$1,000	\$500 - \$1,000	\$750 - \$1,000	N/A	N/A	N/A
Accidental Death and Dismemberment Benefits	\$25,000 loss of life	\$25,000 loss of life	\$25,000 loss of life	\$25,000 loss of life	\$25,000 loss of life	N/A
Daily In-Hospital Indemnity Benefit Rider - Sickness Only	N/A	N/A	\$500 - \$1,000 per day up to 6 days	\$250 - \$1,000 per day up to 6 days	\$250 - \$500 per day up to 6 days	N/A
Physician Office and Urgent Care Facility Rider - Sickness only	N/A	N/A	\$50 - \$100 per day up to 2 days	\$50 - \$125 per day up to 2 days	\$50 - \$125 per day up to 2 days	N/A
Emergency Room Benefit Rider - Sickness Only (per day)	N/A	N/A	\$100 - \$400 per day up to 2 days	\$100 - \$250 per day up to 2 days	\$100 - \$200 per day up to 2 days	N/A
Daily Surgical Indemnity Benefit Rider - Sickness Only	N/A	N/A	N/A	N/A	\$250 - \$400 1 day	N/A

*Sickness riders are not available in KS, MI, MT, TN, TX.*

<b>Critical Illness Insurance</b>	Benefit Amount	Benefit Amount	Benefit Amount	Benefit Amount	Benefit Amount	Benefit Amount
One-Time Critical Illness Benefit for initial occurrence (benefit payment is a % based on covered condition or procedure)	N/A	\$7,500 - \$20,000	\$10,000 - \$20,000	\$7,500 - \$20,000	N/A	\$10,000 - \$30,000

**IMPORTANT NOTICE: You should have a comprehensive health plan before purchasing these supplemental, limited-benefit coverages.**

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